

**Email sent from MMA Help Desk on 3/6/06:**

**\*\*\* Please Note \*\*\* The file layout sent in the prior email for the new LIS Premium Report was incorrect; the correct layout is attached. Sorry for any inconvenience.**

This email provides some introductory information to the new Low-Income Subsidy/Part D Premium Report Data File. The data in the report reflects LIS info, premium subsidy levels, Low-income co-pay levels, etc. for all beneficiaries who have a low-income designation enrolled in your plan. The intent of this file is to replace the Special LIS TRRs that were provided to the Plans in February.

Please use this file as a means to compare, analyze, and update LIS information for your members. As you are doing so, please remember to update LIS eligibility information if the LIS copay level or premium subsidy level is more favorable to the member than the copay or premium level currently on the plan enrollment and eligibility files. The copay/premium hierarchy, from most to least favorable, is:

Copay category	Premium Subsidy Percentage
3	100
2	100
1	100
4	100
4	75
4	50
4	25
0	0

The initial file was created on 3/2 and is currently available to all Plans to request via the MARx UI. Subsequent files will be generated and made available for request on a bi-weekly basis. All files requested via the MARx UI will be delivered to the Plans in the same manner that other weekly and monthly files are delivered (i.e. via Connect:Direct or Gentran).

The data file to be pushed to the Plans is named:

...PLNxxxxx.YMyyyymm.Ddd.LISPRMD

To order the report from the MARx UI, Plans should select a frequency of **weekly**, enter a payment month start and end date of **042006** and then either:

- 1) enter File Type of 'Data' and appropriate contract #, or
  - 2) don't enter File Type, but review the drop down list for Report/Data File for the LISPRMD report.
- Attached to this email is the layout for the report.

If you have any questions about this information, please contact the MMAHelp desk.

Thank you  
MMA Help Desk  
800-927-8069  
<https://www.cms.hhs.gov/mmahelp>

## Bi-Weekly Deemed LIS/Premium Report Data File Layout

Field	Size	Position	Description
1. Claim Number	12	1 – 12	Beneficiary's Claim Account Number
2. Contract Number	5	13 – 17	Contract Identification Number
3. PBP Number	3	18 – 20	Beneficiary's Plan Benefit Package Identification Number, blank if none
4. Segment Number	3	21 - 23	Beneficiary's Segment Identification Number, blank if none
5. Run Date	8	24 - 31	Data File Generation Date, YYYYMMDD
6. Subsidy Start Date	8	32 - 39	Beneficiary's Subsidy Start Date, YYYYMMDD
7. Part D Premium Subsidy Percentage	3	40 - 42	Beneficiary's Low-Income Premium Subsidy Percent '100' = 100% Premium Subsidy '075' = 75% Premium Subsidy '050' = 50% Premium Subsidy '025' = 25% Premium Subsidy
8. Low-Income Co-Payment Level ID	1	43	Co-Payment Category Definitions: '1' = \$2/\$5 (High) '2' = \$1/\$3 (Low) '3' = \$0 (0) '4' = 15%
9. Part D Premium Amount	8	44 - 51	Part D Beneficiary Premium Amount From Input Transaction, (----9.99)
10. Part D Basic Premium Amount	8	52 - 59	Plan's Part D Basic Premium Amount From Health Plan Management System (HPMS), (----9.99)
11. Part D Total Premium Amount	8	60 - 67	Plan's Part D Total Premium Amount From HPMS, (----9.99)
12. Filler	39	68 - 278	Spaces